

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>038-319</u> <u>U-2384</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CHARLES E EDSON</u> P.O. Box, Bldg., Room No., if any Street <u>311 WASHINGTON STREET</u> City <u>LA PORTE</u> State <u>INDIANA</u> ZIP Code + 4 <u>46350</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local # 531</u> Labor Organization File Number <u>038-319</u> P.O. Box, Building and Room Number, if any <u>PO 518</u> Street <u>2751 N. STATE RD 39</u> City <u>LA PORTE</u> State <u>INDIANA</u> ZIP Code + 4 <u>46350</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. <u>N/A</u>	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Charles E. Edson

On 7-5-2005
Date

1-219-326-6412
Telephone Number

Name of Person Filing CHARLES E. EDSON

File Number U- 038-319
42384

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW Local 531

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 518

Street 2751 N. STATE RD. 39

City La Porte

State INDIANA ZIP Code + 4 46350

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NECA/IBEW WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2120 HUBBARD AVENUE

City DECATUR

State ILLINOIS ZIP Code + 4

11.a. Nature of such dealing.

HEALTH INSURANCE FUND TRUSTEE

11.b. Approximate dollar value of such dealing. UNKNOWN / BLANK

12.a. Nature of interest held or income received.

RE-IMBURSED IBEW LOCAL 531 EXPENSES FOR MTGS

12.b. Amount. FOR ALL 2004 MTGS. \$2,100.53

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name MICHIGAN CITY SANITATION DISTRICT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street E. 8TH STREET

City MICHIGAN CITY

State INDIANA ZIP Code + 4 46360

14.a. Nature of payment.

COMMISSIONER SALARY

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

MONTHLY @ MEETING

\$300 PER MONTH